

ROUTING AND TRANSMITTAL SLIP

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1.	0 DT-SC [REDACTED]		
2.			
3.			
4.			
5.			

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	<input checked="" type="checkbox"/> For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Attached are copy of Waivers which have been approved for the following AAP requirements.

• 330 / 0262/92

• 330 / 0232/92

Original waivers have been given to RSG-4 for the official contract file

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.  
72-800

Phone No.  
X 2740

SG1J